

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-815)**

SERIAL NO.

FILING DATE

101 596,207

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51					
2		1		1				52					
3								53					
4		2		1				54					
5		2		1				55					
6		2		1				56					
7		2						57					
8		2						58					
9		2						59					
10		1		1				60					
11		1		1				61					
12				1				62					
13				1				63					
14				1				64					
15				1				65					
16				1				66					
17				1				67					
18			1	1				68					
19				1				69					
20				1				70					
21				1				71					
22				1				72					
23				1				73					
24				1				74					
25		1						75					
26				1				76					
27				1				77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1	↓	3	↓		↓		TOTAL IND.		↓		↓	↓
TOTAL DEP.	16	←	22	←		←		TOTAL DEP.		←		←	←
TOTAL CLAIMS	17		25					TOTAL CLAIMS					